

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90121 036 \*\*\*\*61.25

**DOCUMENT # N35109**

1. Entity Name

**CHINA-BURMA-INDIA VETERANS ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business

**2295 COMO ST.  
PORT CHARLOTTE FL 33948  
US**

Mailing Address

**P.O. BOX 380280  
MURDOCK FL 33938  
US**

**90018363**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2987473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, ELWOOD P.  
2295 COMO ST.  
PORT CHARLOTTE FL 33948**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **WILKAT, ALBERT O**  
STREET ADDRESS **7520 N.W. 7TH STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition  
NAME **EGLESTON, THOMAS**  
STREET ADDRESS **5578 HERMITAGE RD. E.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Delete  
NAME **HUDSON, ELWOOD P.**  
STREET ADDRESS **PO BOX 380280**  
CITY-ST-ZIP **MURDOCK FL 33938**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHALIFOUR, LEE**  
STREET ADDRESS **131 S.E. COLONIAL DR.**  
CITY-ST-ZIP **PORT CHARLOTTE, FL. 33952**

TITLE **D** ☐ Delete  
NAME **MEDIN, RUSSELL J.**  
STREET ADDRESS **1356 KINGSWOOD CT**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **LEON LENNERTZ**  
STREET ADDRESS **2292 MADRID AV.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32217**

TITLE **D** ☐ Delete  
NAME **LUCAS, JAMES**  
STREET ADDRESS **2836 BONGART RD**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **HODGE, RE DEANE**  
STREET ADDRESS **1309 N.W. 28TH, ST.**  
CITY-ST-ZIP **GAINESVILLE, FL. 32803**

TITLE **D** ☐ Delete  
NAME **CASEY, JOHN E.**  
STREET ADDRESS **6323 17TH PL**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **KUNZE, FRANK**  
STREET ADDRESS **390 MYRTLEWOOD DR.**  
CITY-ST-ZIP **MELBOURNE, FL. 39940**

TITLE **D** ☐ Delete  
NAME **LOWELL C. SIMPSON**  
STREET ADDRESS **1469 MAGELLIAN CIRCLE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELWOOD P. HUDSON**

**941-625-7912**  
**2/1/03**

CR2E037 (10/02)